

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>4/29/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>9/5</i>
FORMALITY REVIEW	<i>NH</i>	<i>657</i>	<i>10-02-00</i>
RESPONSE FORMALITY REVIEW	<i>NS</i>	<i>71480</i>	<i>3-6-01</i>

09/644793

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

368/10

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY